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ABSTRACT

This teaching guide is part of a series of materials developed, with input from adult learners, to aid adult literacy teachers in incorporating health education into the curriculum. This guide aims to help teachers to provide adult students with information about first-aid procedures that will substantially reduce the severity of accidents and wounds and contribute to improved overall health. The guide provides the goals and objectives of the course; it is organized in six sections that cover the following topics: (1) background information; (2) whom to call and what to say; (3) first-aid supplies; (4) precautions; (5) principles of first aid (breathing, bleeding, and shock); and (6) first aid for common ailments (fractures and sprains, burns, choking, heat exhaustion, heat stroke, frostbite, hypothermia, heart attack, insect bites and stings, poisoning, and snakebites). The guide includes sample lessons, handouts, answer keys, a list of eight resources, a glossary of key terms, and a bibliography citing six references. An appendix provides names, addresses, and telephone numbers of American Red Cross chapters in the state of New York. (KC)

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HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach.

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First Aid: Helping Yourself, Helping Others

TEACHER'S GUIDE

The University of the State of New York • The State Education Department
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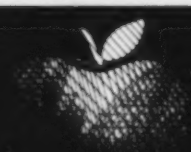
HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach.



First Aid: Helping Yourself, Helping Others

The University of the State of New York
The State Education Department
Office of Workforce Preparation and Continuing Education
Albany, New York 12230

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First Aid:
Helping Yourself, Helping Others

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Further, it is recommended that students follow specified protocol given by recognized medical professionals when a difference is found with material in this publication and procedures obtained elsewhere.

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FIRST AID: HELPING YOURSELF, HELPING OTHERS

INTRODUCTION

A recent informal survey of adults enrolled in literacy programs revealed that students want to learn about health issues as part of their regular classes. When asked about what they needed to learn, they cited first aid as one of the most important. Consequently, the New York State Education Department funded the Hudson River Center for Program Development, Inc. to research and create a health curriculum and instructional guides.

In developing the series, we knew that it must be "user friendly." This is particularly true for first aid. You do not have to be an expert. The guide emphasizes using media and community experts as resources, and the didactic material can be integrated into lessons other than health. Students will be able to improve their reading, writing, and reasoning skills at the same time as they are learning important facts on first aid and other health issues. We hope you will find the guide helpful in teaching adults about first aid.

GOALS AND OBJECTIVES

The goal of this guide is to provide adult students with information about first-aid procedures which will substantially reduce the severity of accidents and wounds and contribute to improved overall health.

Upon completion of this instruction, students will be able to:

1. Understand the fundamentals of first-aid procedures for common accidents, conditions, and injuries.
2. Perceive the connection between prevention measures and first aid.
3. Explain how the proper administration of first aid can affect recovery.
4. Describe variations in treatments for adults, children, and infants.
5. Identify and contact community resources for further assistance and information.

BACKGROUND INFORMATION

FACT: Consumer expenditures on health services and supplies have jumped dramatically in the last 20 years. In 1970, a private consumer spent $202 per year; by 1987, that number had more than quintupled to $1,115. To further aggravate the situation, 32.9 million people have no health insurance to help absorb the cost.

FACT: Over 5,000 deaths per year are attributed to accidents involving fire or electrical current. Approximately the same number of deaths are the result of some sort of poisoning.

FACT: Severe brain damage may occur after only two - three minutes of no breathing, and death after four - six minutes. The critical time for bleeding is even shorter: a victim can bleed to death in as little as one minute.

FACT: Recently, a five-year-old boy saved the life of his playmate when she started choking on a piece of hard candy. Recalling a television sit-com in which the Heimlich maneuver was demonstrated, the boy copied the move and successfully dislodged the candy.

The interaction of the high costs of health care, the frequency of accidents, and short critical times necessitates that everyone be familiar with first-aid procedures. Although caution should be taken in any medical situation or emergency, there is no reason to be frightened of administering first aid, especially when someone's life is at stake. By following the proper steps and heeding precautions, first aid is a safe and effective option for people of all ages when a health professional is not immediately available. Please remember, however, that first aid is not a substitute for professional care, and a health professional should be contacted as soon as possible.

WHO TO CALL AND WHAT TO SAY

Dial 911. In most communities, this number summons an ambulance, the police, or the fire department:

- ➢ Identify yourself.
- ➢ Tell the dispatcher your exact location (including street address and phone number).
- ➢ Give the number of the phone from which you are calling.
- ➢ Explain what happened, when it happened, and how many victims are involved.
- ➢ Describe the person's condition. Mention if the victim is wearing a medical emergency bracelet.
- ➢ Don't hang up until the dispatcher tells you to.
- ➢ If possible, keep someone by the phone to keep the line clear for any return calls about the victim.
- ➢ If you are in a large building, hold an elevator for the emergency crew.

If there is no 911 emergency service in your area, it is best to post a list of telephone numbers for various emergencies near your telephone. A sample list of such phone numbers is included in Sample Lesson One of this guide. In some smaller communities, it may be advisable to simply call the operator. For whomever is called, the caller should be prepared with the following information:

- ➢ Explain that there is an emergency.
- ➢ Describe the type of help you need: medical, police, or fire.
- ➢ Give as many details as possible.
- ➢ If help does not arrive within five minutes, call again.

FIRST-AID SUPPLIES

Every household should have a well-stocked medical chest or first-aid kit easily accessible in case of an emergency. Prepackaged first-aid kits are available from reliable companies at any good pharmacy, or you can customize your own first-aid kit for your and your family's needs. The following items should be included in your medical supply:

Absorbent cotton
Oval eye pads
Plastic or sheer strip bandages (all sizes)
Medicine to stop diarrhea
Adhesive tape
Nonadherent gauze pads
Aromatic spirits of ammonia
Anti-motion-sickness tablets
Oil of cloves
Antiseptic wipes
Measuring cup
Activated charcoal
Syrup of ipecac
Tweezers
Scissors
Flashlight
Matches
Hydrogen peroxide
Soap
Disposable gloves
Baking soda
Aspirin (children's & adults')
Calamine lotion
Petroleum jelly
Triangular bandage
Rubbing alcohol
Tongue depressors
Thermometers, oral & rectal
Tourniquet
Elastic bandage (3" wide)
Cotton-tipped swabs
Gauze roller bandage
First-aid cream (e.g., Neosporin)
Sunburn lotion
Cotton balls
Bandage compress
Short board for splint
Safety pins
Razor blade
Needles

(Courtesy of *First for Women*, Bauer Publishing Company, L.P., New Jersey)

PLEASE NOTE:

- Dressings and bandages protect wounds from further injury and infection, but only if they are completely sterile. Do not touch a wound with anything that is not sterile.
- Never put adhesive directly on a wound, or use absorbent cotton as a dressing, since removing either may reopen the wound.
- Medical supplies should be checked on a regular basis for expiration dates. Replace any supplies that are out-of-date.
- All medical supplies should be kept out of reach of young children and/or adults who may have memory deficits.

A PRECAUTION

When administering first aid, you might be worried about being exposed to blood and other potentially infectious materials visibly contaminated with blood because they may contain blood-borne pathogens, including HBV, which causes hepatitis B (a serious liver disease) and HIV, which causes acquired immunodeficiency syndrome (AIDS). Rest assured, however, that it is very difficult to become infected by these viruses because you are protected by your own skin. Chances of becoming infected do increase, however, if you have a break or cut in your skin, or if germs enter through the membranes of your eyes or mouth. Therefore, it's very important to follow "universal precautions" when administering first aid:

- Avoid coming into direct contact with bodily fluids, particularly blood, whenever possible. Try to use disposable gloves or other appropriate protective barriers, such as a clean, dry cloth.
- Use extreme caution in handling sharp objects so that you don't cut or puncture your or someone else's skin.
- If you have any cuts, scrapes, or other skin conditions, protect yourself by covering the wound so that germs cannot infiltrate the affected area.
- Wash your hands frequently, especially before and after administrating first aid. Be extra careful to wash your hands after administering first aid and before eating, drinking, and touching your mouth, nose, or eyes.
- If you are likely to administer rescue breathing frequently, you may want to learn how to use a resuscitation mask, which allows you to give rescue breathing without making mouth-to-mouth contact. Call your local Red Cross office for more information on such training.
- If you are exposed to blood while rendering first aid, report the incident to your supervisor to determine if an exposure incident occurred which needs follow-up.

PRINCIPLES OF FIRST AID

Any accident or injury is potentially life-threatening. Fortunately, we are not powerless in facing an emergency. There are several procedures with which we can familiarize ourselves to not only reduce the victim's discomfort, but possibly save a life.

The **principles** of first aid are the basis for treatment of all injuries. Frequent reference to these principles are made throughout this guide. For anyone providing first aid, the primary goals are to:

- ➢ Maintain regular breathing patterns,
- ➢ Stop blood loss, and
- ➢ Prevent shock.

In order of importance, the signs/symptoms to look for and treatment to provide for each of these situations are as follows.

Breathing

Airway obstruction, suffocation, poison substances, electrical shock, drugs, drowning, burns, insect bites and stings, and heart failure are but a few of the potential causes for impaired breathing. A victim may suffer serious brain damage after two - three minutes of no breathing, and death after four - six minutes. It is vital that impaired breathing be treated *immediately*. If air cannot be felt around the nose or mouth, or the chest is not rising and falling, artificial respiration should begin at once.

Treatment:

1) Have a third party call a health professional, if possible.

2) Position victim on his/her back on a hard, flat surface.

3) Place one hand on victim's forehead and the other under his/her neck, and tilt victim's head back so chin is pointing up.

4) Clear victim's mouth of any obstructions. Ensure that victim's tongue is not obstructing airflow.

5) Recheck for breathing by placing ear near victim's nose and mouth and watch chest movements for five seconds.

6) Pinch the adult victim's nose shut with hand on forehead.

7) Place your mouth over victim's mouth, forming an airtight seal.

8) Breathe into victim's mouth until his/her chest rises.

9) Give two full breaths, keeping victim's head tilted back.

10) Continue giving one breath (lasting 1-1 1/2 seconds) every five seconds (12 series of breaths per minute), removing your mouth from victim each time to allow air to escape. Look, listen, and feel for victim's self-breathing for 5 - 10 seconds between every series of breaths.

11) As victim begins to breathe, maintain head tilt.

12) Once revived, the victim must be examined and treated by a health professional.

Modifications for young children:

6,7) Cover child victim's nose and mouth with your mouth.

10) Continue breathing every three seconds, removing your mouth from victim each time to allow air to escape. Look, listen, and feel for victim's self-breathing for five seconds between every series of breaths.

NOTE:

➢ Use deep breaths for an adult, shallower ones for a child, and gentle puffs for an infant.

➢ If a seal cannot be made around the victim's mouth, put your mouth over his/her nose. Hold mouth shut while breathing into nose. Open victim's mouth when rechecking for breathing.

➢ Following the above steps, anyone may administer artificial respiration. Cardiopulmonary resuscitation (CPR), however, can be performed by only those certified to do so.

Bleeding

The loss of more than one pint of blood from any part of the body is extremely serious. Unchecked bleeding can lead to death in as fast as one minute. Three methods (or a combination of the three) may be utilized to halt bleeding, depending on the origin and severity of the bleeding. Tying a tourniquet is a *last resort*, and should not be tied unless the care-giver has been instructed on the proper procedure. If the tourniquet is not tied properly, further damage to the victim is possible.

Examples:

Bleeding from wounds or scratches

Treatment:

Direct-pressure method

1) Press directly on the cut or source of bleeding with a pad or clean cloth. If no clean cloth is available, use your washed hand. Secure pad in place when bleeding slows.

NOTE:

➢ Do not remove blood-saturated pad from wound. Place a clean dressing on top of the original pad.

Elevation method

1) Have victim lie down, elevating wound area higher than the heart. Apply direct pressure.

NOTE:

➢ Do not elevate wound if possiblity of broken bones exists.

Pressure-point method

1) If bleeding continues, keep one hand on the wound.

2) With the fingers of your free hand, apply pressure at the appropriate pressure point (see diagram) to squeeze shut the large blood vessel supplying blood to the wound. Avoid digging into the victim with your fingertips by keeping fingers flat.

NOTE:

➢ Do not apply pressure longer than five minutes to avoid cutting off circulation to the limb.

Special Circumstances

CUTS

Treatment:

1) Stop bleeding.

2) For a small cut, wash with soap and water.

3) Bandage to keep clean.

NOTE:

➢ Large cuts should be attended to immediately by a health professional.

NOSEBLEEDS

Treatment:

1) Sit person down.

2) Tilt victim's head forward slightly.

3) Apply pressure, with or without a cold compress, to nostril that's bleeding.

4) If bleeding persists, moisten a piece of cotton with cold water and gently wedge into bleeding nostril.

5) Continue applying pressure until bleeding stops.

NOTE:

➢ Do not tip head backward, because blood will flow down throat and possibly cause gagging.

➢ If bleeding is extensive or lasts longer than 15 minutes, call a health professional.

Shock

The symptoms of shock are rapid shallow breathing; rapid, weak pulse; nausea and vomiting; shivering; pale, moist skin; confusion; drooping eyelids; dilated pupils; and collapse. Please note that a person may not exhibit all of these symptoms. The degree of shock varies from faintness to death, and often accompanies loss of blood, heart failure, severe burns, or poisoning. A person in shock must be treated immediately.

Treatment:

1) Keep victim lying down, with feet elevated higher than head, unless suffering from head or chest injuries, heart attack, stroke, or sunstroke. A semi-reclining position will probably make the victim more comfortable in these instances.

2) Keep airways open. If victim vomits, roll on side, keeping head and neck aligned.

3) Control bleeding.

4) Maintain normal body temperature, ensuring patient becomes neither too warm or too cold.

5) Keep victim conscious by talking with him/her.

6) Seek attention of health professional.

FIRST AID FOR COMMON AILMENTS

Fractures and Sprains

Fractures are broken bones, and can be either closed/simple (no open wound), or open/compound (open wound is present). Broken bones can only be diagnosed with an x-ray, and should be set by a health professional. For immediate first aid, these steps should be followed:

Treatment:

1) Stop any bleeding and cover any open wound with clean dressing.

2) Keep joints on both sides of the suspected break from moving by splinting the fracture with either an *improvised splint* (padded board, rolled blanket, newspaper, broomstick) or an *inflatable splint*. Joints are found in the knees, elbows, ankles, hips, shoulders, and any other part that bends. Attach splint with strips of cloth, twine, or similar material.

3) Keep victim warm.

4) For pain and swelling, apply ice to the fracture.

5) Seek professional medical consultation.

NOTE:

➢ Never move victim, unless necessary for survival.

➢ Be prepared to treat victim for shock.

Sprains occur when the soft tissues around the joints are torn or stretched. Sprains usually heal within a few weeks.

Treatment:

1) Elevate injured part.

2) Prevent joint from moving by applying a splint or bandage. When attaching splint, allow space for swelling in affected area.

3) Reduce pain and swelling by applying an ice pack.

4) Seek medical consultation to assure bone is not broken.

Burns

Burns can be caused by extreme heat, chemicals, electricity, and/or radiation. All types of burns vary in degree, according to the depth and the extent of injury to body tissue. In the most serious state, a burn becomes infected, which may lead to shock and death. All of the following should be considered serious:

- Small burns with small blisters on face, hands, feet, or genital organs.
- Small burns with small blisters on a baby, older person, or sick person.
- Burns on face, in nose, or in mouth (swelling may prevent breathing).

First-degree burns are indicated by reddened skin, with no blisters or swelling. Mild pain is involved. Only the outermost layer of skin is affected. Chemical and electrical burns should *never* be considered first-degree in severity.

Examples:

Overexposure to sun, brief contact with hot iron

Treatment:

1) To lessen pain, apply cool water, ice wrapped in a towel, or cool, wet cloths to the affected area.

2) Gently pat dry with a clean cloth.

3) If necessary, aspirin may ease pain further.

NOTE:

➢ First-degree burns need not be bandaged.

➢ If burns involve face or hands, seek medical attention.

➢ Do not apply ointment to the burn if professional attention is sought because the ointment will impair an examination. Do not apply butter or margarine to the wound because salt in these products will produce stinging.

Second-degree burns involve blisters, swelling, and pain. Although injury to skin is still limited to the first layer, healing time is prolonged due to greater damage.

Examples:

Deep sunburn, burns from very hot liquids (e.g., grease)

Treatment:

1) To relieve pain and swelling, immerse in cold water.

2) Elevate the burn area.

3) Cover with cold, wet dressing and bandage.

NOTE:

➢ If burns are extensive, seek medical treatment immediately.

➢ Be prepared to treat the victim for shock.

➢ Do not put any kind of ointment on the burn.

➢ Do not put ice cubes directly on the burn.

➢ Do not break any blisters that may develop.

Third-degree burns can be life-threatening due to complication of shock and/or infection. The skin turns white or charred, and deeper layers of skin are affected. Severe pain exists, unless the nerve endings in the burn area are destroyed (in which case, there will be no feeling).

Examples:

Burns from scalding water or flames, electrical current burns.

Treatment:

1) Get medical help as soon as possible.

2) Cut away loose clothing that does not stick to the skin.

3) Cover burn with sterile moist dressings for pain relief, to keep dirt- and germ-free, and to prevent blisters from breaking.

4) Lie patient down, elevating any injured limb.

NOTE:

➢ Be prepared to treat the victim for shock.

➢ If severe face burns exist, sit or prop victim up rather than laying down.

➢ Do not use ice water or ice on wound.

➢ Do not pull clothing that may be stuck to the burn.

Special Types of Burns

Chemical burns are the result of contact with or ingestion of burn-causing chemicals such as acids, alkalis, and corrosive chemicals.

Examples:

Burns from toilet cleaner, bleach, lye, or drain cleaner.

Treatment:

1) Flood burn with a great deal of water from shower, hose, or faucet. Ensure that chemicals are not being washed to another part of the body.

2) Cut away contaminated clothing.

3) If available, follow antidote instructions on chemical container.

4) Follow first-aid directions according to degree of burn.

NOTE:

➢ If chemical burn occurs in eyes, flood inner corner of infected eye with water for at least fifteen minutes (cover the unaffected eye to prevent chemical from getting into it). Cover eye with clean compress, but not with cotton (fibers may become lodged in eye).

➢ Be prepared to treat victim for shock.

Electrical burns result from contact with electricity, and may appear minor. However, *all* electrical burns should be considered serious. One of the most dangerous electical appliances in the home is a toaster. Items (bagels, muffins, bread, etc.) stuck in toaster slots should **never** be pulled out with a metal implement. Instead, retrieve it with either wooden tongs, or by unplugging the toaster first.

Examples:

Wet hands touching home appliances with exposed working parts (such as a toaster), metal objects inserted into electrical outlets, fallen electric wires, lightning.

Treatment:

1) Remove victim from electricity source, by either disengaging electricity or by using a nonconductor (wood, rope) to pull or push the victim (or fallen wire).

2) Follow first-aid instructions according to degree of burn.

3) Seek professional medical attention.

NOTE:

➢ Be prepared to treat victim for shock and/or to administer artificial respiration if necessary.

➢ **Never** touch the victim until s/he is separated from the current.

Choking

Choking usually occurs when large pieces of food become lodged in the air passage. Death can result within four minutes for those unable to breathe. Victim should be encouraged to cough to remove the object. If this is unsuccessful and/or victim worsens:

1) Ask the victim to speak. If victim cannot breath, cough, or speak, the airway is probably blocked and first aid should be administered. If victim can speak, do not assist.

2) If victim is choking, the Heimlich maneuver should be performed immediately.

NOTE:

➢ Once object is expelled, be prepared to perform artificial respiration if breathing has stopped.

Standing or sitting victim

1) Stand behind victim or victim's chair and wrap your arms around chest.

2) Place your fist with the thumb side against the victim's abdomen slightly above the navel and below the rib cage.

3) Grasp your fist with the other hand and pull into victim's abdomen with a quick upward thrust.

4) Repeat movement several times, as necessary.

Lying down victim

1) Face victim and kneel astride hips.

2) With your hands on top of one another, place the heel of your bottom hand on the victim's abdomen slightly above the navel and below the rib cage.

3) Press into abdomen with quick upward thrust.

4) Repeat as necessary.

Infant victim

Method A: Hold infant in lap, and place your index and middle fingers of both hands against abdomen between the navel and rib cage. Press into abdomen with quick upward thrust.

Method B: Place infant face upward on a firm surface and perform maneuver while you face the infant.

Pregnant victim

1) Stand behind victim, and place your arms under victim's arms below armpits.

2) Clench your fist and grasp with other hand.

3) Place thumb side of fist on breastbone.

4) Press sharply inward to compress chest.

NOTE:

➢ Do *not* place fist on *lower* tip of breastbone.

➢ Be careful not to crush the chest.

Self-help

1) Press your fist into your abdomen with your other hand and press into your abdomen with quick upward thrust;

or

Lean forward to press your abdomen over a solid object, such as a piece of furniture.

Heat Exhaustion

Heat exhaustion occurs when excessive fluids are lost, such as during heavy exercise or during work in a very warm, humid site. A form of shock, this condition is marked by cool, moist, pale, or red skin; heavy sweating; dilated pupils; headaches; nausea; dizziness; and weakness. If left untreated, the victim's condition can worsen to heat stroke, which is more dangerous.

Treatment:

1) Take victim to coolest spot nearby. Have patient lie down, with shoulders and head elevated.

2) If possible, undress victim and sponge body with ice wrapped in a towel. If there is no time to undress victim, wet him/her with cold water.

3) Use fans and air conditioner to promote cooling.

4) Recheck temperature after 15 minutes. If temperature begins to rise again, repeat cooling process.

NOTE:

➢ Do not overcool victim.

➢ Do not give victim stimulants.

➢ Be prepared to treat for shock.

Heat Stroke

Heat strokes occur when a body is exposed to an excessive amount of heat or sun which is not diffused by sweat. Typical symptoms include: weakness, vertigo, nausea, heat cramps, delirium, high body temperature, and flushed skin that later turns ashen or purplish.

Treatment:

1) Follow steps 1 - 3 for Heat Exhaustion.

2) Seek medical attention. It is imperative that victims of heat stroke receive professional attention.

NOTE:

➢ Do not overcool victim.

➢ Do not give victim stimulants.

➢ Be prepared to treat for shock.

Frostbite

The nose, ears, cheeks, fingers, and toes are the most commonly frostbitten body parts. Exposure to extreme cold without adequate protection can result in permanent insensitivity to cold, death of tissue, and possibly amputation. Frostbite is dangerous because the victim may not know of his/her condition. Frequently there is no pain since the affected area is numb. The affected skin may turn white or grayish-yellow and form blisters.

Treatment:

1) Warm the affected area gently and quickly by placing in warm (not hot) water. Until that is possible, hold affected part between your two warm hands or against victim's own warm skin.

2) Keep immersed in warm water for 30 minutes.

3) Bandage with clean dry bandages to keep safe.

4) Seek medical help, unless frostbite was superficial (color and feeling returned quickly).

NOTE:

➢ Do not rub or massage affected area - handle gently!

➢ Do not use heat lamps, hot water bottles, or snow to warm part. Do not place victim near hot stove.

➢ Do not warm affected area until it can remain warm (if area becomes refrozen, it will be more difficult to rewarm). In the interim, wrap affected area in woolen cloth and keep dry until proper care can be administered.

Hypothermia

When a body cannot generate enough heat to stay warm, hypothermia sets in. This condition usually happens in very cold weather, and is aggravated by wind and humidity, wet clothing, fatigue, and alcohol intake. Older people are especially susceptible to hypothermia.

A drop in body temperature can cause heart attack, shock, and infection, so it is important to be aware of the early signs of hypothermia. Shivering is the first sign, which is followed by numbness and weakness, drowsiness and mumbling, unconsciousness, shock, and possibly death due to heart failure.

Treatment:

1) Bring victim into warm room as soon as possible.

2) Remove wet clothing.

3) Wrap victim in prewarmed blankets or between two people for body warmth.

4) If victim is fully conscious, give him/her a warm drink (coffee or tea, but not alcohol) and "energy" drink such as fruit juice.

NOTE:

➢ If victim is unconscious, administer artificial respiration.

➢ **Nothing** to eat or drink should be given to a victim less than fully conscious.

➢ Be prepared to treat for shock.

Heart attack

Heart attacks claim approximately 670,000 people in this country each year, and can happen to anyone. A key factor in whether a victim will survive a heart attack is how quickly the victim receives advanced care. Most victims suffer pain or pressure in the chest within hours or days before the actual attack. Some possible warning signs of an attack are:

- uncomfortable pressure or severe aching lasting more than two minutes in center of the chest under the breastbone.
- spreading pain to entire chest, to left arm, to both arms, to shoulders, to the neck, and to the jaw.
- squeezing or fullness in the abdomen. This is frequently mistaken for indigestion.
- dizziness, faintness, profuse sweating, nausea, and shortness of breath.
- ashen color.
- unconsciousness, impaired breathing, and an irregular pulse.

Treatment:

1) Have someone call for an ambulance with oxygen equipment. If hospital is not further than 10 minutes away, and victim can be safely transported, take victim to hospital.
2) Give artificial respiration if breathing stops.
3) Place victim in semi-reclining or sitting position.
4) Loosen tight clothing at neck and wrist.
5) Administer nitroglycerin tablet under tongue of victim if victim is carrying one. If necessary, repeat in 15 minutes to relieve pain.
6) Keep victim warm.

NOTE:

➢ Comfort and reassure victim - anxiety worsens condition.

➢ Provide as much privacy to the victim as possible. Keep onlookers away.

➢ Do **not** give victim stimulants, liquids, or food.

➢ Anyone who has frequent or extensive contact or interactions with persons at-risk for heart trouble may consider being trained on administering cardiopulmonary resuscitation (CPR).

Insect bites and stings

The usual response to an insect bite or sting is redness, warmth of skin at sting site, pain, swelling, and itching. If these conditions spread elsewhere than the sting site, the reaction is abnormal and requires additional medical care. In severe reactions, blood pressure may lower or the victim may collapse. Anyone with a history of severe reactions should be prepared with an emergency insect-sting kit and/or wear a medical bracelet.

Treatment:

1) Remove stinger by scraping with fingernail or knife. Do **not** squeeze or press wound.

2) Wash affected area thoroughly.

3) To lessen pain and/or swelling, apply ice.

4) To relieve itching and/or discomfort, apply calamine lotion or a baking soda/water paste. Aspirin may also alleviate pain.

For severe reactions:

1) Treat as above.

2) Keep affected area lowered below level of the heart.

3) Seek professional medical attention immediately.

NOTE:

➢ Be prepared to treat for shock or to perform artificial respiration.

Ticks

Deer ticks are found in wooded and grassy areas frequented by deer. It is important to take precaution against deer tick bites because of the possibility of becoming infected with Lyme disease*. Lyme disease is a potentially debilitating illness characterized by a rash that occurs around the site of the tick bite. The bite will begin as a small red spot and gradually develop into a large round lesion, possibly warm and tender to the touch. The victim may also suffer from fatigue, fever, headache, stiff neck, painful joints and muscle aches, and a migrating rash. Neurological, arthritic, and cardiac symptoms may occur over the next several days or weeks.

Treatment:

1) Inspect your children and yourself after outdoor activities for any unusual dark spots that look like moles or blood blisters, which may be ticks engorged with blood.

2) If a tick is found, immediately remove it with tweezers by grabbing the tick where it is attached to the victim's skin. Try not to grab the tick by its body, as it may squeeze more of the organism that causes Lyme disease into the victim. Gently pull the tick straight out, without twisting it.

3) Wash the bite area and your hands with soap and water. Apply rubbing alcohol or antiseptic to the bite area.

4) If possible, save the tick in a small bottle with a little alcohol. If a rash develops on the victim, the tick should be examined by a medical professional or laboratory.

5) If a rash develops around the site of the bite, consult a medical professional immediately.

NOTE:

➢ Do **not** use gasoline, kerosene, turpentine, nail polish remover, vaseline, or a hot match to remove the tick. These methods may increase the chance of infection if the tick responds by expelling more of the infective organisms into the skin of the victim.

➢ True to the adage,"Prevention is worth a pound of cure," it is most advisable to avoid contact between exposed skin and ticks. If you are in a wooded or grassy area, wear protective clothing to minimize the exposure of your skin: long-sleeved shirt with tight collar and cuffs, tucked into long pants tucked into socks. You may also wish to use insect repellent on your clothing, according to directions printed on repellent. Always check yourself and your children thoroughly after outdoor activities.

* Information on Lyme disease from *SSA Health Notes*, June 1992

Poison

Poisoning can occur in several different ways: ingestion, inhaling, and skin contact. Common symptoms of poisoning include difficulty breathing, burns on the lips or mouth, or breath that smells like gasoline, paint thinner, or alcohol.

Ingested Poisons

For **ingested poisons**, the following steps should be taken:

1) If an antidote is printed on the container of the poison, follow instructions. If an antidote is not provided, give the adult victim one glass of milk to drink to slow the effects of the poison. Children should receive less. Do **not** give liquids to victim when unconscious, experiencing convulsions, or exhausted.

2) Immediately call local doctor, hospital emergency room, or poison control center for instructions. When calling, be prepared with the following information:

- approximate age of victim;
- suspected poison and amount taken;
- when poison was taken;
- any first aid given; and
- whether the victim vomited or not.

3) Administer first-aid to maintain respiration and to prevent shock.

4) Keep victim warm.

5) Transport victim to doctor or hospital immediately.

NOTE:

➢ Treatment procedures on product labels are not always correct or accurate.

➢ A poison control center or doctor should be consulted prior to treament.

It is important to understand that treatment for poisoning does not necessarily include vomiting. Vomiting should never be induced until a poison-control center or doctor recommends so. However, the following lists those poisons for which vomiting may be recommended:

after-shave lotion
alcohol
arsenic
bubble bath
camphor
cologne
cosmetics
cough medicine
DDT
deodorant
detergent
fabric softener
flouride
hand and skin lotions
hair dye
hydrogen peroxide
ink
insecticides
iodine
paint (lead)
perfume
pesticides
roach poison
shampoo
sleeping pills
strychnine
suntan lotion
tranquilizers

To induce vomiting, tickle the back of the victim's throat with your finger or give victims one ounce of syrup of ipecac (child younger than one year - give two tsps). Be sure to turn victim's head sideways while vomiting, to prevent vomit from choking victim or entering the lungs.

If the victim is not conscious or is having convulsions, s/he should **not** vomit. In addition, if an acid, alkali, or petroleum product was swallowed, vomiting should not be induced. Vomiting should **not** be induced for the following products:

battery acid
bleach
charcoal lighter
cleaning fluid
corn remover
dishwasher granules
drain cleaner
gasoline
grease remover
household ammonia
household cleaner
kerosene
lacquer thinner
laundry bleach
lye
metal cleaner
naphtha
oven cleaner
paint (liquid)
paint thinner
shoe polish
toilet bowl cleaner
typewriter cleaner
wax (floor or furniture)
wood preservative
zinc compounds

Inhaled Poisons

Victims of **inhaled poisons** will be warned by irritation in the eyes and breathing passages, followed by dizziness, headaches, and weakness. They may become unconscious and have great difficulty breathing. Death can occur in a matter of minutes. Inhaled poisoning can be very dangerous, due to less obvious detection of the poisonous vapors.

Examples: carbon monoxide poisoning, vapors from gasoline, turpentine, and paints.

Treatment:

1) Get victim away from poison and into clean, fresh air.

2) Loosen victim's clothing.

3) If victim is not breathing, begin artificial respiration.

4) Get victim to professional medical attention as soon as possible.

NOTE:

➢ If you must enter an enclosed room in which the poisonous vapors are located, hold your breath. If possible, try to aerate the room by opening windows and doors.

Skin contact

Rubbing or crushing a poisonous plant or leaf is enough to produce an allergic reaction. Exposure to the burning of the plant, or contact with pets, tools, or clothing that have touched the plant, may also result in allergic reaction. The most common poisonous plants are poison oak, poison ivy, and poison sumac.

The affected area will become red, and bumps and blisters may appear. The area becomes itchy and may swell somewhat. The rash usually reaches its peak in two - three days, whereupon it crusts over and disappears.

Treatment:

1) Ensure skin and clothes are free of sap.

2) Prevent spread of lesions by washing skin with an alkali soap and by washing clothing.

3) Wet cold compresses of water, boric acid, or liquid aluminum may relieve inflammation during oozing period.

4) To relieve itching and promote drying, calamine lotion may be applied.

NOTE:

➢ Severe reactions should be attended to by a health professional.

➢ Be prepared to treat for shock or to perform artificial respiration.

Snakebites

In the United Snakes, there are four varieties of poisonous snakes. The rattlesnake, copperhead, and cottonmouth are all pit vipers. The remaining variety is the coral snake. It is not necessary to treat bites from nonpoisonous snakes.

Treatment:

1) Keep victim as quiet as possible. Do not let victim walk.

2) Immobilize victim; injured part should be lower than the heart.

3) Keep victim warm.

4) Call health professional or poison control center immediately so that anti-venom will be available.

5) Transport victim to a medical facility as soon as possible.

NOTE:

➢ Do not give victim stimulants or alcohol.

➢ Do not suction the wound with your mouth, for fear of bacteria getting into the wound or snakebite poison into your mouth.

Sample Lesson 1: First-Aid Kits

Goal: To create a first-aid kit appropriate to specific needs.

Outcome Objective: The learner will be able to:

- Design a basic first-aid kit for their home.
- Modify the first-aid kit for special circumstances.
- Describe the proper use of each item included in the first-aid kit.
- Record names and numbers of local emergency medical organizations.

Instructional Materials & Resources:

- 8-10 unusually shaped first-aid items sealed in individual paper bags.
- Commercially prepackaged first-aid kits or list of first-aid kit basics.
- *First-Aid Kit Basics* **(HANDOUT A** included in this guide) handout
- *Vocabulary* **(HANDOUT B)** worksheet
- *Emergency Phone Numbers* **(HANDOUT C)** worksheet
- Local telephone book

Activities

Activity 1 For a fun, interactive introduction, place 8-10 unusually shaped first-aid items in paper bags (one per bag). Ask students in medium or large groups to identify the contents by feeling the sealed bag. Switch bags every 15 seconds. At the end of the exercise, ask the students to suggest what they think was in each bag. After revealing the contents, proceed with the lesson by asking the class what other items should be included in a first-aid kit. Compare the students' list with either a commercially prepackaged first-aid kit, or a list of first-aid kit basics. Ask the students to plan their own first-aid kit by examining what items they do or do not already have in their household.

Activity 2 Ask the students to put together a first-aid kit or modify a prepackaged first-aid kit for a household composed of two middle-aged adults and a one-year-old infant. How would the kit change for the following scenarios?

- A 10-year-old child was added to the household.
- An adolescent was added to the household.
- An elderly relative was added to the household.
- The individuals lived in the city.
- The individuals lived on a farm.
- Members of the household moved or traveled to a sunny, warm climate from a colder, four-season climate.

Activity 3 Have students demonstrate or explain the proper use of items included in a first-aid kit. Hand out *First-Aid Kit Basics* for students to make notes on during demonstrations. Ask students to complete the *Vocabulary* worksheet.

Activity 4 Stress the importance of an easily accessible list of phone numbers for local medical emergency organizations, a copy of which should be included in the first-aid kit. Ask students to complete the *Emergency Phone Numbers* worksheet, utilizing the phone book if necessary.

Sample Lesson 2: First-Aid Procedures

Goal: To familiarize students with proper first-aid procedures to follow for various conditions.

Outcome Objective: The learner will be able to:

- Describe the three life-threatening conditions of impaired breathing, bleeding, and shock, and their treatment.
- Recognize the symptoms of various medical conditions (e.g., burns, poisoning, etc.)
- Determine the level of severity of a medical emergency.
- Delineate the proper first-aid procedure for the specific medical emergency.

Instructional Materials & Resources:

- *Handling a Medical Emergency* **(HANDOUT D)** handout
- *Symptoms and Diagnosis* **(HANDOUT E)** handout
- Role play scenarios

Activities

Activity 1 Using the *Handling a Medical Emergency* handout, explain to the students that there are three life-threatening conditions which need to be attended to first during a medical emergency: impaired breathing, bleeding, and shock; **or** invite a representative from the local Red Cross, an Emergency Medical Technician from the fire company, or a neighborhood ambulance corps to talk to the class. Utilize the resouces in your classroom as well: one of your students may be an EMT. Ask the students to demonstrate the proper first-aid procedure in the proper order of treatment.

Activity 2 Ask the class to complete the *Symptoms and Diagnosis* worksheet, either individually or in pairs/small groups. Review the correct answers (key to worksheet located at the end of this guide) with the class. After determining what medical emergency is being faced, ask the students to offer first-aid procedures for each emergency.

Activity 3 Role play a particular emergency situation. For example, in a poisoning case, the role play would proceed as follows:

- give victim glass of milk or water if conscious;
- call poison control center, prepared with vital information;
- maintain respiration and prevent shock;
- keep victim warm;
- transport victim to hospital.

Sample Lesson 3: Prevention

Goal: To recognize the connection between prevention and first aid.

Outcome Objective: The learner will be able to:

- Detect five (5) hazards in the home, workplace, or classroom.
- Predict one—two harmful consequences which could result from each hazard identified.
- Recommend methods to a) eradicate the hazard and b) treat the consequence.
- Recognize what community resources to contact for additional help.

Instructional Materials & Resources:

- *Statistics* **(HANDOUT F)** handout.
- Newspaper and magazine articles about accidental injuries.
- *Hazards* **(HANDOUT G)** worksheet.

Activities

Activity 1 Begin the lesson by reciting to the class statistics of accidental injuries. Ask the students to collect articles and newspaper clippings related to accidental injury. In a group discussion, identify the hazards contributing to the reported injuries.

Activity 2 Using the *Hazards* worksheet, ask each student to list five (5) hazards in his/her workplace, home, or classroom. Ask the student to predict one or two harmful consequences for each hazard, and treatment for those consequences.

Have the student complete the worksheet by listing ways to eradicate the hazard. Upon completion, help the student compare treatment methods with prevention methods.

Activity 3 Examining either personal experiences or newspaper and magazine articles, have student identify what community resources were enlisted in handling an emergency (e.g., fire company, poison control center, etc.). Invite speakers from various organizations into your classroom to speak on the services offered by their organizations.

Sample Lesson 4: Medication

Goal: To gain a basic understanding of different forms, dosages, and proper handling of medication.

Outcome Objective: The learner will be able to:

- List six forms of medication.
- Group household medications into appropriate categories.
- Interpret drug labels: expiration dates, dosages, proper storage, potential side effects.
- Determine correct dosages for an adult, child, and infant.
- Measure correct amounts of medication for intended recipient.
- Explain potential dangers in mishandling medication.

Instructional Materials & Resources:

- *Forms of Medication* **(HANDOUT H)** handout
- *Correct Dosages* **(HANDOUT I)** handout
- *Sample Prescription* **(HANDOUT J)** handout
- Labels from prescription and nonprescription drugs

Activities

Activity 1 Introduce this lesson by asking the students to envision products and items in their homes which they consider medicine. Ask the students to organize their list of medication into groups. Help students compare their groupings to the pictures on the *Forms of Medication* handout.

Activity 2 Review sample prescription and prescription label handout with class, pointing out each component. Ask students to identify the components of their own prescription drug labels. Compare the prescription drug label to information included with nonprescription medication.

Activity 3 Help students understand medication directions by having them complete the *Correct Dosages* handout. Utilize measuring spoons and other appropriate implements to have class practice measurements according to package instructions.

Activity 4 Conclude the lesson with a group discussion of the dangers of mishandling medication. You may want to facilitate the discussion by proposing the following topics:

- Storing medication out of children's reach, and according to package instruction.
- Dispensing outdated medication.
- Use of prescription medication by someone other than for whom it was prescribed.

Sample Lesson 5: Heimlich Maneuver

Goal: To understand the seriousness of, prevention for, and treatment of choking.

Outcome Objective: The learner will be able to:

- Suggest at least two ways in which to avoid choking.
- Recognize the symptoms of choking.
- State two methods in which to treat choking.
- Apply alternate methods of the Heimlich maneuver to persons of different sizes or to oneself.

Instructional Materials & Resources:

- Film/video borrowed from local library or Red Cross Chapter
- *Choking* **(HANDOUT K)** worksheet

Activities

Activity 1 Prompt a discussion of symptoms of, treatments for, and methods of avoiding choking with film/video or by inviting a local resource person to present to the class.

Activity 2 Ask class to complete the *Choking* worksheet, which reviews methods for responding to different situations of choking.

Activity 3 Ask for one or two volunteers to demonstrate the Heimlich maneuver for the rest of the class.

Activity 4 Have students practice the Heimlich maneuver on one another. If they are not comfortable with this, ask them to perform the maneuver on themselves, and to practice at home with family members.

HANDOUT A

First-Aid Kit Basics

ITEM	DESCRIPTION	USED FOR
Absorbent cotton		
Adhesive tape		
Bandage compress		
Cotton balls		
Cotton-tipped swabs		
Elastic bandage		
Gauze roller bandage		
Nonadherent gauze pads		
Oval eye pads		
Plastic and sheer strip bandages		
Triangular bandages		
Flashlight		
Matches		
Measuring Cup		
Needles		
Razor blade		
Safety pins		
Scissors		
Short board for splint		
Thermometers, oral & rectal		
Tongue depressors		
Tourniquet		
Tweezers		
Activated Charcoal		
Anti-motion-sickness tablets		

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First-Aid Kit Basics *continued*

ITEM	DESCRIPTION	USED FOR
Aromatic spirits of ammonia		
Aspirin (children's & adults')		
Baking soda		
Calamine lotion		
First-aid cream (e.g., Neosporin)		
Medicine to stop diarrhea		
Oil-of-cloves		
Petroleum jelly (e.g., Vaseline)		
Sunburn lotion		
Syrup of ipecac		
Antiseptic wipes		
Hydrogen Peroxide		
Rubbing alcohol		
Soap		
Disposable gloves:		
Other:		

HANDOUT B

First-Aid Kit Basics Vocabulary

Define each word in bold print. If you are unsure, try to figure out its meaning by its use in the sentence.

1) Never place **adhesive** tape directly on a wound, because it may rip the scab off when it is removed. **Nonadherent** gauze pads should be used instead.

   Adhesive:_____

   Nonadherent:_____

2) **Dressings** help protect wounds and burns, but are ineffective without **bandages** to hold them in place.

   Dressings:_____

   Bandage:_____

3) Sometimes you can use a **splint** on a broken finger, instead of a cast.

   Splint:_____

4) Even though a **tourniquet** stops bleeding, it should only be used in an emergency.

   Tourniquet:_____

5) The coating on medicine **capsules**, which is not on **tablets**, may be gentler on your stomach.

   Capsules:_____

   Tablets:_____

6) **Antiseptic** wipes can help prevent wounds from becoming infected.

   Antiseptic:_____

7) **Gauze** bandages are good for stopping blood flow because they are very **absorbent**.

   Gauze:_____

   Absorbent:_____

8) The doctor may use a tongue **depressor** to check the back of your throat.

   Depressor:_____

HANDOUT C

Emergency Phone Numbers

Ambulance _____ Paramedics _____

Doctor _____

Emergency Room (ER) _____ Cardiac Unit _____

Poison Control Center _____

Pharmacy _____ Insurance Co. _____

_____ Policy # _____

Other _____ Medicaid # _____

Fire Department _____

Police (local) _____ (state) _____

Water Co. _____ Electric Co. _____

Gas Co. _____ Telephone Co. _____

Taxicab (24 hrs. service) _____

Nearest relative: _____ Phone: _____

Nearest neighbor/friend: _____ Phone: _____

Directions to your house (It's easier to read than describe in an emergency.): __

_____

_____

Your Name and Telephone #: _____

_____

Remember: Dial 911, or the emergency number that's best for your situation, for assistance. Tell the dispatcher or operator you have an emergency and give the correct address.

HANDOUT D

Handling a Medical Emergency

Step 1.

Check for Breathing.

- ➢ Can you feel air around the victim's nose or mouth?
- ➢ Is the victim's chest rising and falling?

Restore breathing by performing artificial respiration.

Step 3.

Check for Shock.

Is the victim exhibiting any of the following?

- ➢ shallow breathing
- ➢ a rapid, weak pulse
- ➢ nausea and vomiting
- ➢ shivering
- ➢ pale, moist skin
- ➢ confusion
- ➢ drooping eyelids
- ➢ dilated pupils

Treat by maintaining normal body temperature, keeping victim comfortable and maintaining his/her consciousness by talking with him/her.

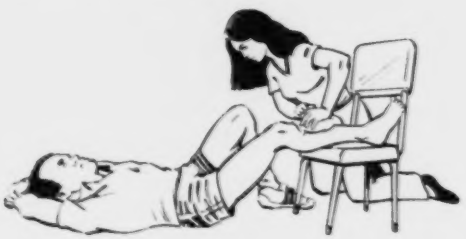
Step 2.

Check for Bleeding.

- ➢ Is the victim bleeding uncontrollably from any part of his/her body?
- ➢ Has the victim been bleeding longer than 1 minute?

Halt bleeding by applying one of three methods:

direct-pressure



elevation

pressure-point

BEST COPY AVAILABLE

HANDOUT E

Symptoms and Diagnosis Match

Symptoms

1.___ Redness and warm skin, pain, swelling, and itching
2.___ Inability to speak, cough, or breath
3.___ Shivering, numbness, weakness, drowsiness and mumbling
4.___ Reddened skin
5.___ Tenderness around joints, moderate pain
6.___ White or charred skin with severe pain
7.___ Vertigo, nausea, heat cramps, bounding & full pulse, delirium, and flushed skin
8.___ Broken bone with an open wound
9.___ Irritation in eyes and breathing passages, dizziness, headaches, and weakness
10.___ Pressure in center of chest, squeezing in abdomen, dizziness, profuse sweating, and ashen color
11.___ Shallow breathing; rapid, weak pulse; nausea and vomiting; shivering; pale, moist skin; confusion; drooping eyelids; dilated pupils
12.___ Numbness; white or yellowish-grey skin, and blisters
13.___ Difficulty breathing, burns on lips and mouth with foul-smelling breath
14.___ Broken bone
15.___ Blisters, swelling, pain, injury to first layer of skin

Diagnosis

a simple fracture
b complex fracture
c. insect bite or sting
d. inhaled poison
e. ingested poison
f. hypothermia
g. heat stroke
h. heart attack
i. frostbite
j. choking
k. first degree burn
l. second degree burn
m. third degree burn
n. sprain
o. shock

HANDOUT F

STATISTICS

➢ There are approximately 13,400 deaths yearly as the result of accidents in the workplace.

➢ Off-the-job injuries cost U.S. employers nearly $9 billion annually.

➢ Alcohol is a factor in at least 50 percent of all accidents.

➢ In New York State, accidental injuries are the leading cause of years of productive life lost before age 65.

➢ In the Northeastern United States, 32.2 deaths (per 100,000 resident population) were attributed to accidents.

➢ 1/4 of all accidents happen in the home. The two age groups most likely to be involved with accidents are children under age 5 and adults over age 65. Why? These two age groups spend the most time in the house: before entering school and after retirement.

HANDOUT G

HAZARDS

Complete this chart by listing 5 hazards in your workplace, home, or classroom.

	Hazard	Potential Consequence	Treatment	Prevention
1)				
2)				
3)				
4)				
5)				

HANDOUT H

Forms of Medication

Cream

Liquid

Capsules

Spray

Tablets

Drops

HANDOUT I

Correct Dosages

Warnings:

Do not exceed recommended dosage because at higher doses, nervousness, dizziness, or sleeplessness may occur. If symptoms do not improve within seven days, or are accompanied by a high fever, consult a physician before continuing use. Do not take the preparation if you have high blood pressure, heart disease, diabetes, thyroid disease, or difficulty in urination due to enlargement of the prostate gland, except under the advice and supervision of a physician. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.

Drug Interaction Precaution:

Do not take this product if you are presently taking a prescription antihypertensive or antidepressant drug containing a monoamine oxidase inhibitor except under the advice and supervision of a physician.

KEEP THIS AND ALL MEDICINES OUT OF CHILDREN'S REACH.

In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

1) What might happen if you take too much of this medicine?

2) Who should not use this medicine?

3) What should you do in case of an overdose?

Correct Dosages

CHILDREN: Under age 3, consult a health professional. Over age 3, 1/4 for every three years. Take with water, four to six times a day as necessary. ADULTS: 1 or 2 tablets with a glass of water four to six times a day as necessary, not to exceed 12 tablets in any 24-hour period.

4) What is the greatest number of tablets an adult can take during a 24 –hour period?

5) How much of this medicine should you give a two- year –old?

6) How much of a tablet should a nine-year-old have?

45

HANDOUT J

ABC Pharmacy

TEL. 555-7092
31 SYCAMORE AVE, TREMONT, NY

RX 940315	**REFILLS LEFT** 01	**DR.** SAUCER

MOORE, TOM
55 BROADWAY ST — UNIONVILLE

TAKE 1 TABLET TWO TIMES A DAY WITH MEALS

BRAND X ANTIBIOTICS	**QTY.**10	**R PH AG**
DATE FILLED 08/08/91	**ORIG. DATE** 08/08/91	**DISCARD AFTER** 08/92

Sample Prescription Label from Pharmacy

47

Ethel Saucer, M.D.
Family Practitioner
Medical Building
64 Main Street
Smalltown, CT 99999
P: 555-7291 FAX: 555-0433

NAME T. Moore AGE 35
ADDRESS 55 Broadway St. DATE 9/24/91

Brand X Ear Drops
1/2 oz.
5 drops each ear
bid x 4 d.

Refill 2 Times R. Saucer M.D.
This prescription will be filled generically
unless prescriber writes 'd a w' in the box below.

Number Dispensed | Dispense As Written | Refills

Sample Prescription from Doctor

HANDOUT K

What To Do When Someone Is Choking

What is happening in each of these pictures?

What should you do in each case?

Situation 1_____

_____

_____

_____

_____

_____

_____

Situation 2_____

_____

_____

_____

_____

_____

_____

Situation 3_____

_____

_____

_____

_____

_____

_____

Situation 4_____

_____

_____

_____

_____

_____

Key to Handout E

Symptoms & Diagnosis Match

1. C
2. J
3. F
4. K
5. N
6. M
7. G
8. B
9. D
10. H
11. O
12. I
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Key to Handout K

What To Do When Someone Is Choking

Situation 1.

Perform the Heimlich maneuver on someone standing by placing your fist with your thumb side against the victim's abdomen slightly above the victim's navel and below the rib cage. Grasp your fist with your other hand and thrust upward into the victim's abdomen. Repeat until object is dislodged from throat.

Situation 2.

Perform the Heimlich maneuver on an infant by placing the infant on your lap, and placing your index and middle fingers of both hands against the abdomen between the infant's navel and rib cage. Press into the abdomen with quick upward thrusts. Repeat until object is dislodged.

Situation 3.

Perform the Heimlich maneuver on a pregnant woman by placing your arms under the victim's armpits. Clench your fist and grasp it with your other hand. Place thumb side of your fist on victim's breastbone. Press sharply inward to dislodge the object. Repeat until object is freed. Be careful not to crush the chest, and not to place your fist on the lower tip of the victim's breastbone.

Situation 4.

Perform the Heimlich maneuver on yourself by leaning forward over a solid object, such as a chair, so that your abdomen is pressed and the object is dislodged.

APPENDIX A

AMERICAN RED CROSS CHAPTERS

County	*Address*	*Telephone*
Albany	Albany Area Chapter Hackett Boulevard at Clara Barton Drive Albany, NY 12208	(518) 462 - 7461
Allegany	Allegany County Chapter 226 North Main Street Wellsville, NY 14895	(716) 593 - 1537
Broome	Broom County Chapter 93 Chestnut Street Binghamton, NY 13905	(607) 722 - 1241
Cattaraugus	Olean Chapter 144 South Union Street Olean, NY 14760	(716) 372 - 5800
Cattaraugus	Western Cattaraugus Co. 225 Wildwood Avenue Salamanca, NY 14779	(716) 945 - 4263
Cayuga	Cayuga County Chapter 1 Goulds Drive Auburn, NY 13201	(315) 252 - 9596
Chautauqua	Chautauqua County Chapter P.O. Box 99 Jamestown, NY 14702	(716) 644 - 5115
Chemung	Chemung County Chapter 462 West Church Street Elmira, NY 14901	(607) 734 - 3317
Chenango	Chenango County Chapter 32 Fair Street Norwich, NY 13815	(607) 334 - 6312
Clinton	Clinton-Northern Essex 56 Cornelia Street Plattsburgh, NY 12901	(518) 561 - 7280

County *continued*	*Address*	*Telephone*
Columbia	Columbia County Chapter 454 Warren Street Hudson, NY 12534	(518) 828 - 6715
Cortland	Cortland County Chapter 111 Port Watson Street, Suite 203 Cortland, NY 13045	(607) 753 - 1182
Delaware	Delaware County Chapter P.O. Box 147 Hobart, NY 13788	(607) 538 - 9671
Delaware	Tri-Town Chapter 13 Bates Terrace Sidney, NY 13838	(607) 563 - 1277
Dutchess	Dutchess County Chapter 103 Hooker Avenue Poughkeepsie, NY 12601	(914) 471 - 0200
Erie	Greater Buffalo Chapter 786 Delaware Avenue Buffalo, NY 14209	(716) 886 - 7500
Franklin	Franklin County Chapter One Elm Street Malone, NY 12953	(518) 483 - 2360
Franklin	Saranac Lake - Lake Placid 72 Main Street Saranac Lake, NY 12983	(518) 891 - 3280
Franklin	Tupper Lake Chapter 121 Park Street Tupper Lake, NY 12986	(518) 359 - 2888
Fulton	Fulton County Chapter 40 North Main Street Gloversville, NY 12078	(518) 725 - 1143
Genesee	Genesee County Chapter 20 Center Street Batavia, NY 14020	(716) 343 - 6098
Genesee	Leroy Chapter P.O. Box 75 Leroy, NY 14482	(716) 768 - 6300

County *continued*	*Address*	*Telephone*
Hamilton	Hamilton County Chapter Lake Pleasant, NY 12108	(518) 548 - 6002
Herkimer	Mohawk Valley Chapter 215 North Main Street Herkimer, NY 13350	(315) 866 - 2890
Jefferson	Jefferson County Chapter 1020 State Street Watertown, NY 13601	(315) 782 - 4410
Livingston	Clara Barton Chapter #1 57 Elizabeth Street Dansville, NY 14437	(716) 335 - 3500
Livingston	N. Livingston Co. Chapter 4241 Lakeville Road Geneseo, NY 14454	(716) 243 - 5220
Monroe	Rochester-Monroe Co. 50 Prince Street Rochester, NY 14607	(716) 256 - 4076
Montgomery	Montgomery County 7 Third Avenue Amsterdam, NY 12010	(518) 842 - 5340
Nassau	Nassau County 264 Old Country Road Mineola, NY 11501	(516) 747 - 3500
New York	New York City ARC in Greater New York 150 Amsterdam Avenue New York, NY 10023	1-800-442 - 5980
Niagara	E. Niagara County Chapter 178 East Avenue Lockport, NY 14094	(716) 434 - 8876
Niagara	Niagara Falls Chapter 719 Ashland Avenue Niagara Falls, NY 14301	(716) 285 - 6938
Oneida	Madison - Oneida Chapter 410 Broad Street Oneida, NY 13421	(315) 363 - 2900

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County *continued*	*Address*	*Telephone*
Oneida	Rome County Chapter 303 West Liberty Street Rome, NY 13440	(315) 336 - 0030
Oneida	Utica Chapter 270 Genesee Street Utica, NY 13502	(315) 733 - 4666
Onondaga	Syracuse & Onondaga Co. 636 South Warren Street Syracuse, NY 13202	(315) 425 - 1684
Ontario	W. Ontario County Chapter 2520 Macedone Road P.O.B. 417 Canandaigua, NY 14424	(716) 394 - 2260
Ontario	Geneva Chapter 505 Exchange Street Geneva, NY 14456	(315) 789 - 1522
Orange	Orange County Chapter 53 Highland Avenue Middletown, NY 10940	(914) 343 - 6805
Orange	Eastern Orange County 240 Broadway Newburgh, NY 12550	(914) 561 - 0425
Orange	Port - Pike 21 Ulster Place P.O. Box 617 Port Jervis, NY 12771	(914) 856 - 5413
Orleans	Albion Chapter 210 North Main Street Albion, NY 14411	(716) 589 - 6147
Orleans	Medina Chapter 500 Main Street P.O. Box 27 Medina, NY 14103	(716) 798 - 3107
Oswego	Oswego County Chapter 115 West Third Street Oswego, NY 13126	(315) 343 - 0967

County *continued*	*Address*	*Telephone*
Otsego	Northern Otsego Co. Chapter Village Library Building 33 Fair Street Cooperstown, NY 13326	(607) 547 - 2441
Otsego	Southern Otsego Co. Chapter 11 Ford Avenue Oneonta, NY 13820	(607) 432 - 4210
Putnam	Putnam County Chapter 9 Fair Street Carmel, NY 10512	(914) 225 - 3524
Rensselaer	Rensselaer County Chapter 737 Second Avenue Troy, NY 12182	(518) 235 - 4450
Rockland	Rockland County Chapter 143 North Broadway Nyack, NY 10960	(914) 358 - 0833
St. Lawrence	East St. Lawrence Co. Chpt. 22 Main Street Massena, NY 13362	(315) 769 - 2616
St. Lawrence	West St. Lawrence Co. Chpt. 402 Ford Street Ogdensburg, NY 13669	(315) 393 - 2541
Saratoga	Saratoga County Chapter 479 Rowland Street Ballston Spa, NY 12020	(518) 584 - 2510
Schenectady	Schenectady County Chapter 85 Church Street Schenectady, NY 12305	(518) 393 - 3606
Schoharie	Schoharie County Chapter c/o SCCAP Shoppers Mart Plaza Cobleskill, NY 12043	(518) 234 - 2568
Seneca	Seneca County Chapter 33 State Street Seneca Falls, NY 13148	(315) 568 - 9436

County *continued*	*Address*	*Telephone*
Steuben	N. Steuben County Chapter Municipal Building Liberty Street Bath, NY 14810	(607) 776 - 7008
Steuben	Corning Chapter 286 West Pulteney Street Corning, NY 14830	(607) 936 - 3766
Steuben	Hornell Chapter 24 Maple Street Hornell, NY 14843	(607) 324 - 6511
Suffolk	Shelter Island Chapter Shelter Island, NY 11954	(716) 749 - 1203
Suffolk	Suffolk County Chapter 95 Horseblocks Yaphank, NY 11980	(516) 924 - 6700
Tioga	Tioga County Chapter 21 Lake Street Owego, NY 13827	(607) 687 - 1413
Tioga	Valley Chapter 150 Broad Street Waverly, NY 14892	(607) 565 - 9310
Tompkins	Tompkins County Chapter 201 West Clinton Street Ithaca, NY 14850	(607) 563 - 1900
Ulster	Ulster County Chapter 21 O'Neil Street Kingston, NY 12401	(914) 338 - 7020
Warren	Adirondack Chapter P.O. Box 655 74 Warren Street Glens Falls, NY 12801	(518) 792 - 6545
Wayne	Wayne County Chapter 165 East Union Street Newark, NY 14513	(315) 331 - 3253
Westchester	Westchester County Chapter 106 North Broadway White Plains, NY 10603	(914) 946 - 6500

County *continued*	*Address*	*Telephone*
Wyoming	Wyoming County Chapter 249 Main Street Arcade, NY 14009	(716) 492 - 2800
Yates	Yates County Chapter P.O. Box 432 111 Elm Street Penn Yan, NY 14527	(315) 536 - 6841

RESOURCES

Agencies

National Injury Information Clearinghouse
5401 Westband Avenue, Room 625
Washington, D.C. 20207
(301) 504 - 0424

Poison Control Branch
Food and Drug Administration
Parklawn Building, Room 15b-23
5600 Fishers Lane
Rockville, MD 20857
(301) 443 - 1544

Office of Fire Prevention & Control
N.Y.S. Department of State
41 State Street
Albany, NY 12207

Division of Safety and Health
N.Y.S. Department of Labor
State Office Building Campus
Albany, NY 12240
(518) 457 - 5508

Video

When Seconds Count...Emergency Action: The Life-saving First Aid Video for the Whole Family. This video was created to show adults and children what to do while waiting for medical help to arrive. Running Time: 30 minutes. Available from actiVideo, 815 W. Armitage, Suite 200, Chicago, IL 60614, (312) 404 - 0030.

The Heimlich Maneuver: How to Save a Choking Victim (Second Edition). This video features Dr. Henry Heimlich, and is recommended by the manufacturer for pre-teen and adult audiences. Running Time: 17 minutes. Available from AIMS Media, 9710 DeSoto Avenue, Chatsworth, CA 91311-4409, 1-800-367-2467.

Publications

Communication Skills, Inc. ***Emergency Care.*** A catalog featuring health-related textbooks, videos, slides, and computer programs available from Communication Skills, Inc., Richmondville Ave., Westport, CT 06880, 1-800-824-2398.

New York State Department of Health. ***Publications Catalog.*** For various written materials on first-aid and many other health-related topics, contact: Publications, NYS Department of Health, Box 2000, Albany, NY 12220.

GLOSSARY

Activated Charcoal charcoal treated to improve its adsorptive properties, which is used as an emergency treatment for some types of poisoning and drug overdose.

Bandage a strip of material for binding up a wound, or to hold and protect dressing.

Calamine Lotion a pink lotion made from either zinc carbonate or oxide used in skin lotions, often to relieve the itching and burning associated with insect bites.

Chemical Burn a burn caused by contact with chemicals such as acids, alkalis, and/or corrosive chemicals.

Compound Fracture a broken bone accompanied by an open wound.

Compress a pad or cloth pressed on the body to stop bleeding or to cool inflammation.

Dressing ointment or a compress applied to a wound.

Electrical Burn a burn caused by contact with electricity.

First-degree Burn a burn involving only the outermost layer of skin. Skin is reddened, but no blisters or swelling are present.

Heat Stroke a condition occurring as a result of exposure to an excessive amount of heat or sun which is not diffused by sweat.

Heimlich Maneuver a first-aid procedure in which the abdomen of a choking victim is pressed inward and upward by hand in order to assist in dislodging food or other obstruction from the esophagus.

Hypothermia the condition of having a body temperature greatly below normal.

Oil of Cloves a colorless or pale-yellow oil distilled from dried flower buds of Eugenia Caryophyllis, and is mainly used for flavoring pharmacueticals. When applied externally, it is germicidal and mildly analgesic. Clove oil has been used as a domestic remedy for toothaches, but repeated applications may damage the gums.

Petroleum Jelly a greasy clear substance obtained from petroleum, used as a lubricant. A common brand of petroleum jelly is Vaseline.

Second-degree Burn a burn in which injury is limited to the first layer of skin, but is more severe and more painful than a first-degree burn. Blisters and swelling are present.

Simple Fracture a broken bone that is free of an open wound.

Sprain an injury in which the soft tissues around a joint are torn or stretched.

Syrup of Ipecac the boiled down juice of ipecacuanha, a South American plant, used as an emetic or purgative to induce vomiting. Ipecac syrup should not be used if poisoning is by corrosive or petro-based substances, if victim is not fully conscious, or victim is less than a year old.

Third-degree Burn the most severe form of a burn in which deeper layers of skin are affected. The skin may be white or charred, and the nerve endings in the burned area may be destroyed.

Bibliography

American Red Cross. *Basic First Aid*. New York: Doubleday & Company, Inc., 1979.

Arnold, Peter with Pendergast, Edward L., Jr., M.D. *Emergency Handbook*. Garden City, New York: Doubleday & Company, Inc, 1980.

Brown, Dr. James. *The Family First-Aid & Medical Guide*. New York: Simon and Schuster, 1979.

Mccaulay, John C., M.D. and Macaulay, Phyllis P., co-editors. *SSA Health Notes*, v. 2, i. 7. Schoharie: Support Services Alliance, Inc., June 1992.

Rogers, Alison. "First Aid for You and Your Family," Supplement in *First for Women* . New Jersey: Bauer Publishing Company, L.P., 6/10/91.

Weiss, Jeffrey, ed. *The People's Emergency Guide*. New York: St. Martin's Press, Inc., 1980

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